

Lessons Learned From Buprenorphine Telehealth During COVID-19: A Guide For Providers

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Disclosure Information (Required)

- ◆ Rachel S. Wightman, MD
 - ◆ No Disclosures
- ◆ Michael J. Lynch, MD
 - ◆ No Disclosures
- ◆ Erin A. Zerbos, MD
 - ◆ No Disclosures
- ◆ Hannah Snyder, MD
 - ◆ No Disclosures
- ◆ Jessica L. Taylor, MD
 - ◆ No Disclosures

Learning Objectives (Suggested)

- ◆ Understand telehealth MOUD regulations for buprenorphine treatment both before and during the COVID-19 public health emergency
- ◆ Review existing evidence for telehealth delivered MOUD
- ◆ Discuss the range of MOUD clinical telehealth practice models borne out of COVID-19, benefits and limitations of each model, and any clinical concerns that have arisen
- ◆ Describe current proposed federal legislation to advance telehealth MOUD and expand access to care

Introductions

- ◆ Rachel S. Wightman, MD

Assistant Professor of Emergency Medicine
Alpert Medical School of Brown University
Director of Medical Toxicology Education



- ◆ Emergency Medicine, Medical Toxicology, Addiction Medicine
- ◆ Co-Founder Rhode Island Buprenorphine Hotline

Introductions



- ◆ Michael J. Lynch, MD
 - Assistant Professor of Emergency Medicine and Pediatrics
 - University of Pittsburgh School of Medicine
 - Medical Director, Pittsburgh Poison Center
 - Medical Director, UPMC Health Plan Substance Use Disorder Services
 - University of Pittsburgh
- ◆ Emergency Medicine, Medical Toxicology, Addiction Medicine
- ◆ UPMC Medical Toxicology Telemedicine Bridge Clinic
- ◆ Co-Founder, Addiction Medicine Consult Service at UPMC Presbyterian



Introductions



- ◆ Erin A. Zerbo, MD
 - ◆ Assistant Professor of Psychiatry
 - ◆ Rutgers New Jersey Medical School
 - ◆ Psychiatry Consultation-Liaison Service at University Hospital
 - ◆ Associate Director of Medical Student Education in Psychiatry
 - ◆ Vice President of the New Jersey Psychiatric Association

Introductions

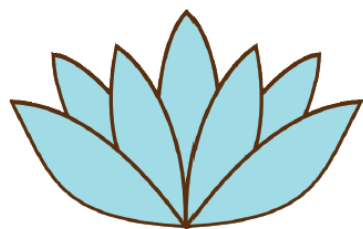


- ◆ Jessica L. Taylor, MD
 - ◆ Assistant Professor of Medicine, General Internal Medicine
 - ◆ Addiction medicine, HIV
 - ◆ Medical Director, Faster Paths Bridge Clinic
 - ◆ Director, HIV Prevention Services
 - ◆ Boston University School of Medicine & Boston Medical Center

Introductions



- ◆ Hannah Snyder, MD
 - ◆ Assistant Professor, Family Community Medicine
 - ◆ University of California San Francisco at Zuckerberg San Francisco General Hospital
 - ◆ Primary Care and Addiction Medicine
 - ◆ Co-Principal Investigator, California Bridge Project



Rhode Island
Buprenorphine Induction
Telehealth Hotline
401-606-6060



University of
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CA 
BRIDGE
TREATMENT STARTS **HERE**

RUTGERS HEALTH


BOSTON
MEDICAL



POLLING QUESTION 1

In your practice have you ever used telehealth to prescribe buprenorphine?

A. YES

B. NO



POLLING QUESTION 2

If yes, what form did you use?

A. Audio Only / Telephone

B. Audiovisual

C. Both

Questions for the Panel

- ◆ Please submit any questions you have in the chat!



LEGAL CONCERNS

Can I initiate treatment
without an in person visit?



LOGISTICS

What are the benefits of
audiovisual platform?

Limitations?



LOGISTICS

What are the benefits of
telephone only encounters?

Limitations?



LOGISTICS

Will I be reimbursed for SUD treatment provided via telehealth?



LOGISTICS

Do you have advice for
streamlining
registration/intake
processes via telehealth?



LOGISTICS

The patient fails to login to the telehealth appointment.
What steps should I take?

How do you obtain consent
for treatment via telehealth?

POLICY

What if a patient expresses suicidal ideation or overdoses during the telehealth encounter?

What should I do if the telehealth technology fails during the visit/cuts out?

POLICY

What if you cant obtain a
UTOX?



PROCEDURES

For providers that offer both telehealth and in person visits, have you seen patterns in utilization of either service?

PROCEDURES

How can I see someone
without vital signs?



GENERAL

Since you started telehealth practice are there any changes you have made to your workflow?



PROCEDURES

What if your telehealth patient doesn't make it to follow up?



TROUBLE SHOOTING

For patients at high risk for return to use and overdose, what strategies can you use via telehealth to reduce risk?

TROUBLE SHOOTING

How do you reduce risk of buprenorphine diversion when seeing patients via telehealth?



PROCEDURES

Do you obtain pregnancy tests for patient initiating treatment with telehealth?



PROCEDURES

How many telehealth visits
would be okay to have
without an in person visit?



LOGISTICS

How do you document a
telehealth visit
appropriately?



TELEHEALTH CASE

28 yo M with OUD.

You saw him last week for a telehealth visit for buprenorphine initiation.

He calls today reporting a lost RX. What do you do?

TELEHEALTH CASE

40 yo F with OUD.

You prescribed buprenorphine for unobserved initiation. She took 4 mg of buprenorphine and is now calling to report worsening withdrawal.

TELEHEALTH CASE

22 yo F G1P0 at 14 weeks.
Presents requesting
buprenorphine initiation via
telehealth. Hx IV heroin use
daily.

TELEHEALTH CASE

50 yo M on methadone
maintenance.

Presents to SUD Telehealth
Clinic requesting transition
to buprenorphine.



TELEHEALTH CASE

19 yo F with OUD.

Patient reports snorting fentanyl daily last use this morning (6 hours ago).

Wants to start on buprenorphine.

Final Takeaways/Summary (Suggested)

- ◆ It is important to be able to offer different treatment access options for patients.
- ◆ Telehealth delivery of MOUD can improve patient access to treatment.
- ◆ For patients with limited internet access, lack of smart phone, and/or housing instability MOUD treatment can be provided via telephone.

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